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REPORT OF THE EXECUTIVE DIRECTOR FOR 1997: PROGRAMME PRIORITIES

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1. Since the International Conference on Population and Development (ICPD), much greater emphasis has been placed on the need to measure progress in achieving population and health goals. The selection of indicators to serve as markers of performance in population programmes, at both the national and global levels, has thus assumed a new prominence.

2. UNFPA developed such a set of indicators during a twelve-month period that culminated in a thematic workshop in February 1997. The process involved extensive consultations with members of the Fund's Country Support Teams (CSTs) and with representatives from the United Nations, including WHO, UNICEF and the Population Division; bilateral agencies; academic institutions and experts; and non-governmental organizations (NGOs). The Fund produced a report on the results of those consultations, which was circulated widely to all country offices and concerned organizations. It is hoped that this set of indicators will contribute to the notable initiatives that have taken place to harmonize the demands for indicators among United Nations agencies and to develop standardized sets of indicators, including those of the Task Force on Basic Social Services for All (BSSA) and the Minimum National Social Data Set endorsed by the Statistical Commission of the United Nations.

3. The main purpose is to present a manageable and practical set of qualitative and qualitative indicators that can be used to measure the progress, performance and impact of population programmes, including in the three core programme areas of UNFPA -- reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Although separate lists are provided for each of these thematic areas, the aim is to present a single comprehensive list applicable to a country's entire population programme.

4. The list of indicators is a work-in-progress. But its importance to the work of UNFPA cannot be overstated. It represents a significant first step in the establishment of an indicator framework that UNFPA can begin to promote in the field to help it gauge post-ICPD progress in its core programme areas. The list is also useful in developing subprogrammes in the Fund's three main programme areas and monitoring their effectiveness. Some indicators may be difficult to compile for a variety of reasons, most notably the need for bold efforts in almost every country to develop a truly national integrated data system. In some measure, however, it is hoped that the set of indicators will help increase awareness of existing shortcomings in these areas and promote dialogue between those gathering information and those using it.

I. REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING AND SEXUAL HEALTH

5. Reproductive health remained the primary focus of UNFPA's programme during 1997, accounting for over 60 per cent of total programme allocations. Key activities in this area during the year included, inter alia, further operationalizing sexual and reproductive health; refining approaches to adolescent reproductive health; reducing maternal mortality; assessing contraceptive requirements and logistics management needs in recipient countries; providing emergency assistance in refugee

situations; and addressing HIV/AIDS. Providing policy guidance and technical support in these and related areas was a key role of UNFPA headquarters during the year.

6. UNFPA country programmes remained the main vehicle for further operationalizing reproductive and sexual health, reflecting a strong reproductive health orientation. The programming process benefited from a series of regional consultations, which were held in Addis Ababa, Ethiopia, 25-30 January; New Delhi, India, 22-26 September; Lima, Peru, 3-7 November; and Rabat, Morocco, 24-28 November. They brought together a wide range of experts from the governmental and non-governmental sectors and bilateral agencies, as well as from partner United Nations organizations such as WHO, UNICEF and the World Bank.

7. The consultations were the second step in the process to move beyond the promotion of the concept of reproductive health to the development of programmes to meet the reproductive health needs of individuals and couples. The first step had been a global expert consultation held in the spring of 1996, which culminated in the publication of a technical report in 1997. The recommendations of the regional consultations will be used, along with those from the global consultation, as inputs to a guidance note that will serve as a blueprint for developing a set of specific tools for operationalizing reproductive health.

A. Adolescent reproductive health

8. Approximately 15 million young females ages 15-19 give birth each year, accounting for more than 10 per cent of all babies born worldwide. Only about 17 per cent of them use contraception. Young mothers, especially those under 16, have increased likelihood of serious health risks. The risk of death in childbirth is five times higher among 10-14 year-olds than among 15-19 year-olds and, in turn, twice as high among 15-19 year-olds as among 20-24 year-olds. Teenagers are overrepresented among those obtaining abortion and even more so among those needing medical care for complications of unsafe abortion. When adolescents bear children, their offspring also suffer higher levels of morbidity and mortality. The incidence of sexually transmitted diseases (STDs) is also disproportionately high among young people: 1 in 20 adolescents contracts a sexually transmitted disease each year, and half of all cases of HIV infection take place among people under age 25.

9. Adolescence is a period of increased risk-taking and therefore susceptibility to behavioural problems and the time of puberty and new concerns about reproductive health. Female adolescents, compared to their male counterparts, face disproportionate health concerns following puberty; foremost among these are too-early pregnancy and frequent childbearing. Male adolescents, for their part, often lack a sense of shared responsibility for sexual and reproductive matters and respect for reproductive choices. This helps perpetuate traditions in many developing countries that encourage early marriage followed quickly by a first and subsequent births. Even where these influences are

waning, lack of sexual and contraceptive knowledge, along with difficulty in obtaining contraceptives, results in continued early childbearing among adolescents.

10. Adding to the challenge is the sheer magnitude of the numbers: more than half the population in developing countries is under 25. The 10-24 year-old population in these countries is estimated at 1.3 billion, and growing; by 2025, this number is expected to rise by some 400 million.

11. These are among the many reasons why adolescent reproductive health is a priority concern of UNFPA. And, although a relatively new and sensitive area, there is good evidence that information and service programmes for adolescents, both male and female, result in improved health of young people, improved health of young mothers when they bear children, better birth outcomes and health of infants, enhanced socio-economic potential for young women, and slowed population growth.

12. UNFPA's entry into the area of adolescent reproductive health occurred at a time when adolescents were largely neglected in policies and programmes. Today, this is changing. The reproductive health needs of adolescents are, by necessity, becoming a priority concern in an increasing number of countries. There is also increased interest among United Nations development partners, donors and NGOs.

13. UNFPA support for activities targeted at adolescents has expanded dramatically in the last decade. So has the scope of UNFPA programmes, from an early emphasis on education to a broader array of information, outreach, advocacy, and service programmes, many of them involving adolescents in both programme design and implementation. Moreover, the findings and recommendations of a recent thematic evaluation have given direction to the latest cycle of UNFPA-funded programmes and projects and are serving as an important tool for advocating strengthened government action to address adolescent reproductive health needs.

14. Such strengthened action is needed in all regions, as the majority of adolescents still do not have access to information and education on sexuality, reproduction, and sexual and reproductive health and rights. Nor do they have access to preventive and curative services. Providing adolescents with access to such information, education and services is thus the main challenge for future programmes.

15. Country-level implementation. Adolescent reproductive health is increasingly becoming a government priority. A few examples may be help illustrate this, as well as the nature and impact of UNFPA assistance in this area.

16. The Islamic Republic of Iran is a good case in point, and with good cause: some 40 per cent of its population is under 15 years of age. The Government has used many different channels to raise awareness among adolescents on issues related to reproductive health and family planning. These include public health outlets, Parent-Teacher Associations, and NGOs, among others. In August, the

Government convened the "First National Workshop on Adolescents' Health", marking the beginning of a series of nationwide activities. The workshop discussed a questionnaire that had been prepared by the Department of Family Health of the Ministry of Health and Medical Education and decided to conduct a study on adolescent reproductive health in three pilot provinces, with a view to developing specific policies and programmes. In a related activity, the Family Planning Association of Iran, an affiliate of the International Planned Parenthood Federation (IPPF), is working on linking adolescent reproductive health with the teachings of Islam in order to make it more acceptable to the Iranian people.

17. The UNFPA-supported subregional programme in the Caribbean is another positive example. It emphasizes adolescent reproductive health and rights as one of its two substantive themes, moving away from past emphasis on providing services to women-in-union only to a more integrated and inclusive approach. The programme is focused on providing access to, and delivery of, services through a coalition of government, NGO, youth and community-based organizations. The programme is designed as a truly subregional operation, targeting adolescents and young people for special attention in all countries in the subregion and making use of pilot testing and training in countries where such an integrated approach is new.

18. Adolescent reproductive health is also a priority concern in Nicaragua. UNFPA support to the first national Centre for Adolescent Reproductive Health in Managua has enabled the Centre to provide health care to a large number of pregnant adolescents primarily from poor urban areas, as well as information materials and training to NGOs working in this field. As a result, over 7,000 adolescents and youths of both sexes, in a spectrum ranging from university students to gang members, have been trained in reproductive and sexual health issues. In addition, a special training module has been developed in collaboration with the Nicaraguan Communal Movement, resulting in the creation of rural Health Brigades throughout the countryside with a large number of promoters of reproductive health for adolescents.

19. Recognition of the importance of adolescent reproductive health also made inroads in countries in which such issues are particularly sensitive. In Gabon, for example, a special meeting at the National Assembly in April provided a unique forum to discuss the main reproductive health problems facing Gabonese youth today. Among the issues discussed at the meeting, which was attended by the President of the National Assembly and some 60 parliamentarians (about half the total in the Assembly), were the increase in the rate of abortion among teenage girls and the need for an educational system that would enable teenagers to manage their sexuality and offer them appropriate counselling and training to get a successful start in life. World Population Day also provided an opportunity to convene the country's First National Forum of NGOs on Adolescent Reproductive Health. About 200 people took part in the event, representing some 30 NGOs. The opening ceremony was attended by the spouse of the Gabonese President and by the Minister of Public Health. The National Forum lasted three days and produced the Declaration of Libreville

containing recommendations on such issues as reproductive health and services, policies and laws, and religious, cultural and societal concerns.

20. Global and regional support. Adolescent reproductive health received considerable attention at the regional and global levels. For example, to promote policy development and programme delivery, UNFPA, together with WHO and UNICEF, issued a statement on Action for Adolescent Health: Towards a Common Agenda, which originated from a joint study group. The common agenda is designed to provide a framework for accelerated joint programming for adolescent health at the country level.

21. UNFPA also produced two important publications promoting reproductive health care for adolescents. One, a joint publication with IPPF entitled Generation 97: What Young People Say about Sexual and Reproductive Health, presents the results of a survey of over 600 young people in 54 countries on such issues as friendship, love and relationships, sexuality, contraception, pregnancy and parenthood, and risk behaviour. The other, UNFPA and Adolescents, uses plain language to look into such issues as programming for adolescent reproductive health and the use of strategic alliances.

22. UNFPA worked closely with a number of NGOs in promoting the reproductive health of special groups of adolescents, including refugees. With the Fund's support, the World Association of Girl Guides and Girl Scouts and Family Health International began work in three countries with a view to developing a methodology to promote the health of adolescent girls, including reproductive health, that can be applied to the refugee work of girl guide associations throughout the world.

23. UNFPA convened a regional meeting in San Jose, Costa Rica, 1-3 December, bringing together more than 150 high-level representatives from governmental and non-governmental sectors, as well as the international development community, to examine progress made at the country level and to articulate a regional commitment to improving the reproductive and sexual health of young people in Latin America. The participants emphasized the need to provide counselling and services specially suited to adolescents and made numerous action-oriented recommendations in such areas as public policy, information and services, and strategic partnerships.

24. The concerns of youth and reproductive health in countries in transition were the subject of a European regional meeting, which met 23-25 June in Copenhagen. The meeting, which was organized by UNFPA and the Government of Denmark in cooperation with the WHO Regional Office for Europe, brought together some 70 representatives from NGOs and relevant government departments from the countries of Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States to share their experiences in dealing with adolescent reproductive and sexual health issues. The participants highlighted the seriousness and urgency of the problems that young people face and proposed major strategies to address the specific needs of youth in the region. The recommendations that emanated from the meeting will guide UNFPA in its future assistance to these countries.

25. The Fund co-sponsored, with the United Nations Division for the Advancement of Women (UNDAW), UNICEF and the Economic Commission for Africa, an Expert Group Meeting on Adolescent Girls and Their Rights, in Addis Ababa in October. The meeting made a number of recommendations that had far-reaching implications for adolescent girls in terms of creating an enabling environment, providing reproductive health services, and identifying special groups of adolescent girls who need attention. UNFPA also co-sponsored the Second World Congress on Family Law and the Rights of Children and Youth, which was held in San Francisco in May. The Congress, attended by some 500 participants from over 50 countries, adopted a resolution stating that all couples and individuals, including adolescents, should have access to reproductive health information and services.

B. Reducing maternal mortality

26. A key objective of UNFPA assistance is to reduce maternal mortality. This requires close collaboration with many development partners, particularly WHO and UNICEF, as well as national and international NGOs. UNFPA has worked closely with WHO and UNICEF in defining guidelines for monitoring maternal health programmes and with WHO in conducting epidemiological research on the causes of maternal mortality. Moreover, technical specialists from WHO, UNICEF and the World Bank, among others, participated in the regional consultations organized by the Fund on operationalizing reproductive health.

27. UNFPA also participated in the Safe Motherhood Technical Consultation sponsored by the Inter-Agency Group for Safe Motherhood, which was held in Colombo, Sri Lanka, 18-23 October. Over 250 delegates from 65 countries and various organizations, including the World Bank, UNICEF, WHO, Ministries of Health, and a number of NGOs, participated in the consultation. The participants acknowledged that reducing maternal mortality had proven much more difficult than had been thought at the Nairobi conference that launched the Safe Motherhood Initiative 10 years earlier. This was due in part to the multi-faceted nature of the problem and, consequently, the need for a multidimensional programme approach to deal with it. Nonetheless, participants identified lessons learned in implementing safe motherhood activities that could be used to guide future programming in this area.

28. In general, high levels of maternal mortality indicate weaknesses in the coverage and quality of reproductive health services, including family planning. Improving access to and availability of quality family planning information and services, particularly among high-risk groups such as teenagers, women over age 39 and those of high parity, help to reduce maternal mortality. The lack of services, both human and physical, results in many readily avoidable maternal deaths, particularly among the rural poor. This unmet need requires that emergency obstetric services be extended and that the quality of services be improved.

29. In order to help mobilize such obstetric and gynaecological services, UNFPA is providing assistance to an innovative project being executed by the International Federation of Gynaecology

and Obstetrics. The project, appropriately called "Save the Mothers", is being implemented in seven countries that have high maternal mortality rates, the existence of an active obstetric/gynaecological society, and a demonstrated government commitment to improving women's health. The aim is to define how maternity services can best be organized and extended within available resources to handle efficiently early detection, referral and management of life-threatening complications in pregnancy and childbirth. The project will develop, execute and test a demonstration project at the district level in each country.

30. Most UNFPA country programmes employ multidimensional approaches to meet the reproductive health needs of the people they serve. The programme in the Islamic Republic of Iran, for example, is assisting the Government in integrating more aspects of reproductive health and family planning information and services into its primary health care network. The emphasis is on improving quality of care. Hundreds of training courses have been conducted at the district level for health-care and family planning workers, many of them women, to improve their knowledge and skill in providing integrated reproductive health care, including family planning. The programme is also emphasizing male participation, holding a workshop on this topic for the first time. This was accompanied by the development of special reproductive health IEC programmes for military bases in order to target a large group of young men. The Government also conducted a workshop to discuss reproductive and sexual health issues with young married couples. It was decided to prepare special IEC materials for this group and to include sex education in compulsory pre-marital counselling classes that are held throughout the country.

31. An activity in Bolivia supports a national strategy to accelerate the reduction of maternal mortality. It focuses on quality of care of obstetric emergencies. The programme aims to develop service delivery norms; train medical, nursing and auxiliary staff; provide medical equipment; and develop appropriate management and organization systems. A national maternity insurance has been created to reduce economic barriers to services, and options are being explored to expand this insurance to include family planning. UNFPA is also supporting related activities, linking with NGOs to improve the quality of services, conduct research and implement pilot activities. The Fund has also provided assistance for a sensitization campaign for national and community leaders in support of a national commission for safe motherhood. A National System for Monitoring Maternal Mortality has been established to review and analyse causes of maternal mortality.

32. An activity in Morocco provides another useful example. It seeks to strengthen national capacities to coordinate the implementation of the national safe motherhood strategy and to improve the performance, quality and accessibility of reproductive health services in six provinces. It has three strategic orientations: upgrade existing health centres and rural hospitals to be able to deliver reproductive health services; strengthen management capacities at the periphery; and promote social mobilization. The activity provides equipment, medical supplies and contraceptives. It also has a strong training component, providing training in interpersonal communication, risk-management, post-partum counseling, and contraceptive use to heads of health clinics, doctors, midwives and

nurses; in safe delivery practices to doctors, midwives and nurses; and in management and medical audit to supervisors.

33. Similar integrated approaches are found in Gabon, Cote d'Ivoire, Niger, Nigeria and Uganda. The programmes make use of traditional and popular media to create awareness of the importance of family planning and of ante- and postnatal care and attended deliveries as essential means of improving reproductive health. They each also train health care providers to distribute contraceptives and act as pregnancy monitors so that they can refer pregnant women with complications to health care facilities. Doctors and nurses are trained with the necessary skills to cope with obstetric emergencies, and traditional births attendants (TBAs) are trained in basic hygiene to prevent infection. The programmes provide assistance to renovate health facilities as well as to supply the clinical equipment needed to integrate reproductive health within existing primary health care facilities.

C. Emergency assistance in refugee situations

34. Nineteen ninety-seven was an eventful year for UNFPA assistance to reproductive health in refugee situations, as UNFPA developed close operational links with the main agencies providing humanitarian assistance, in particular UNHCR and the International Federation of Red Cross and Red Crescent Societies (IFRC), as well as with other partners with which it works closely, such as WHO and UNICEF.

35. As a result, in part, of Executive Board decisions 96/3 and 97/7, which enhanced UNFPA's ability to respond promptly to emergency requests, UNFPA's participation at the country level increased significantly during the year, primarily through the initiatives of UNFPA representatives and CST Directors. For example, UNFPA is participating in United Nations Consolidated Appeals in several countries -- Bosnia, the Great Lakes Region of Africa, Liberia, Sierra Leone, Sudan and Tajikistan. The Fund has also developed reproductive health activities for, or provided assistance to, local emergency task forces in response to natural disasters in the Democratic People's Republic of Korea, the Democratic Republic of the Congo, Ecuador, Madagascar, Papua New Guinea and Viet Nam.

36. In 1997, 30 UNFPA projects addressing reproductive health in refugee situations were operational in 21 countries: 7 in Africa; 5 in Asia and the Pacific; 5 in the Arab States; and 4 in Europe. Ten projects addressed the needs of the general population or returnees; 12, the needs of refugees; and 8, the needs of internally displaced persons. Twenty-two projects sought primarily to create, rehabilitate or improve reproductive services; 4 addressed the reproductive needs of adolescents; 3 dealt with various aspects of information, education and communication (IEC); 1 was a survey on the health and socioeconomic factors of refugees; and 1 was a micro-enterprise project with reproductive health and training components.

37. An important feature of the Fund's work during the year was the distribution of Reproductive Health Kits for use in emergency situations. The kits were assembled by the Inter-Agency Working Group on Reproductive Health in Refugee Situations (WHO, UNHCR, UNFPA, IFRC and others) in response to the crisis in the Great Lakes region. The need for proper reproductive health kits was first felt during the Bosnian crisis in 1992. This and subsequent experiences in emergency situations revealed thousands of cases of sexual violence and brutality against women, unwanted pregnancy due to unplanned or forced sex, poor care or lack of care during pregnancy and childbirth, and the breakdown of law and order and the increased risk of rape, sexual abuse and sexual exploitation that often accompanies it.

38. The purpose of the kits is to help ensure that women, and men, in all situations, including emergencies and crises, can have access to reproductive information and services if they want or need it. But more importantly, they save women's lives. The kits were crucial in meeting emergency reproductive health needs in such countries as Albania, Bosnia-Herzegovina, and Rwanda. In response to a widely circulated brochure on the kits, UNFPA country offices in Cambodia, Democratic Republic of the Congo, Madagascar, Sri Lanka, Sudan, Uganda and Viet Nam sought additional information on the kits as well as on how to use them. And two new projects, in Afghanistan and the Republic of Congo, included the kits as part of their basic reproductive health equipment. To ensure a ready and timely supply of the kits, UNFPA has allocated $500,000 to stockpile the kits in warehouses in the Netherlands. The aim is to be able to deliver the kits in less than one week after they are ordered.

D. HIV/AIDS

39. During 1997, UNFPA supported HIV/AIDS-prevention activities in 132 countries, compared to 124 countries in 1996 and 114 counties in 1995. The Fund's support continued to be provided in line with national HIV/AIDS policies and programmes and within the global strategy of the Joint United Nations Programme on AIDS (UNAIDS). The Fund participates in UNAIDS theme groups in 119 countries and chaired such groups in 8 countries during 1997.

40. The reproductive health guidelines issued by UNFPA in 1997 specify the types of support the Fund can provide in the area of HIV/AIDS: the supply and distribution of condoms, and of appropriate supplies and equipment at the primary health care level; in-school and out-of-school education activities; training of reproductive health information and service providers; IEC activities focusing on HIV/AIDS, as part of population and reproductive health programmes; and operations research on integrating HIV/AIDS-prevention activities into reproductive health programmes at the primary health care level, as well as research on the socio-demographic consequences of the epidemic.

41. At the country level, most UNFPA-supported activities are integrated into reproductive health information and service programmes and advocacy programmes. During 1997, in addition to

collaboration and cooperation with the other UNAIDS co-sponsors, the Fund collaborated closely with NGOs involved in implementing UNFPA-supported HIV/AIDS-prevention projects in 80 countries.

42. Youth and adolescents are among the groups most vulnerable to HIV infection and thus a target for UNFPA assistance. So are women. According to recent estimates by UNAIDS and WHO (*HIV/AIDS: The Global Pandemic*) the epidemic continued to expand in 1997, with an estimated 5.8 million new HIV infections -- approximately 16,000 a day. Over 40 per cent of the new infections among adults occurred in women. The majority of newly infected adults are under 25 years old.

43. UNFPA employed innovative approaches in some 96 countries to address the needs of in- and out-of-school youth, young women, males in the labour force, employees of the police and the military, and female prisoners. Modern media and traditional channels of communication have been used to raise awareness among policy makers and the general public. In Kenya, for example, under the UNAIDS theme group framework, support has been provided to "road-shows" in rural towns and trading centres to convey messages in an entertaining and interactive manner. In Latvia, multimedia events such as "Rock Against AIDS" and "New Rap Generation Against AIDS", together with film clips and television serials, have targeted youth and adolescents. Similarly, in Namibia, two drama groups, Puppets Against AIDS (PAAN) and Yatala, have organized "Dramas for Health" workshops that highlight the health and social implications of HIV/AIDS and convey HIV-prevention messages.

44. In 1997, UNFPA provided 172.8 million condoms worth $5.5 million to 55 countries and procured an additional 15.8 million condoms on behalf of other agencies. Female condoms were provided to two countries. Surgical gloves and equipment to enable safe clinical practices were also supplied during 1997.

45. In support of country-level activities, UNFPA provided assistance for a number of HIV/AIDS-prevention activities both at the regional and interregional levels in 1997. For example, in the Africa region, HIV/AIDS-prevention modules form an integral component of the UNFPA regional IEC training programmes in Abidjan and Nairobi. HIV/AIDS was highlighted as one of the critical issues affecting the reproductive health of youth and adolescents at the African Forum on Adolescent Reproductive Health held in Addis Ababa in January 1997. In the Asia and Pacific region, a new NGO-executed project was undertaken to promote advocacy for adolescent reproductive health and responsible sexual behaviour among adolescents. UNFPA is also supporting two regional training programmes for service providers from Central and Eastern Europe -- one at The Netherlands School of Public Health; the other at the University Medical School of Debrecen, Hungary -- both of which include HIV/AIDS-prevention components. Similarly, in the Latin America and Caribbean region, UNFPA has supported the inclusion of HIV/AIDS components in the reproductive health curricula in schools of health sciences. HIV/AIDS prevention has also been incorporated in all regional projects on reproductive health. Moreover, the Fund has provided support, *inter alia*, to WHO and The Population Council for research in the area of STD/AIDS prevention.

II. POPULATION AND DEVELOPMENT STRATEGIES

46. In focusing on population and development strategies, UNFPA seeks to ensure a balance between socio-economic development and population dynamics by providing appropriate information and analysis; influencing policy, planning and programmes; and building national capacity in population programming. The revised guidelines for UNFPA support for population and development strategies, issued in 1997, address UNFPA's commitments in this area and reflect the population and development goals of the ICPD, by following a people-centred approach to sustained economic growth and sustainable development.

47. Reliable, regular and timely data on population and development are essential for effective policy formulation and programme implementation. The Fund's work in this area seeks to help develop and strengthen national capacity for generating and analysing relevant information necessary to develop policies and programmes. Towards this end, UNFPA is providing extensive support to countries for the year 2000 round of censuses. The Fund has also begun a programme of collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI) to collect and analyse data on the flows of financial resources for population programmes, both international and domestic. This collaboration has resulted in the creation of a resource-flow database that is becoming a valuable tool for monitoring this important aspect of the implementation of the ICPD Programme of Action.

48. Country-level implementation. During 1997, UNFPA continued to operationalize population and development strategies at the country level through the implementation of a number of ongoing and newly-approved country programmes. This process focused on: stimulating a better understanding among policy makers of the importance of the linkages between population and development; integrating population dimensions into development strategies that reflect the individual needs of men, women and adolescents; strengthening national data systems and analytical capabilities for policy formulation and programme development and monitoring; undertaking relevant policy analyses and research; and promoting the empowerment of women.

49. In Botswana, UNFPA, in active partnership with the Government, facilitated the formulation of a comprehensive draft national population policy, deepened awareness of the role of population in national development and helped to focus attention on population issues in the national debate on development issues. UNFPA's third country programme (1998-2002) will continue to support the development of a multisectoral and comprehensive Population Plan of Action and to facilitate the development of district-specific action plans, operational manuals, guidelines and procedures to enhance coordinated implementation of the population policy and programmes. UNFPA support, which will be given to the National Council on Population and Development to enhance its capacity to coordinate the initial phases of the implementation of the population programme, will focus on strengthening technical assistance, developing national human resources and enhancing the institutional capacities of relevant coordinating units at both national and district levels.

50. In Cameroon, UNFPA provided technical and financial support to the Government in the preparation of the draft National Population Programme. The proposed five-year UNFPA country programme (1998-2002) seeks to revise and update the Declaration of the National Population Policy of 1992 to reflect the recommendations of both the ICPD and Fourth World Conference on Women (FWCW), to prepare sectoral and regional action plans and to implement them at the national and regional level. The proposed strategy focuses on training and increasing population awareness and includes seminars and workshops for government and community leaders, educators, NGOs, women's associations and youth groups as well as sensitization and information campaigns for the general population. The programme will analyse legal texts on women's rights and study the prevalence of violence against women with a view to incorporating women's issues in the National Population Policy and integrating women's rights into the Family Code. Support will also be provided for activities relating to the 1999 Third General Census on Population and Housing, various demographic and sociocultural studies, and the creation of a socio-demographic database disaggregated by sex.

51. In Lesotho, the proposed country programme seeks to review and revise the National Population Policy in order to make it more comprehensive by taking into account the concerns of the ICPD Programme of Action and the FWCW Platform for Action as well as the country's main demographic concerns, including maternal mortality, morbidity, gender, youth issues, migration and the environment. This will include the preparation of a plan of action to identify and strengthen the institutional mechanisms to coordinate and implement the revised National Population Policy.

52. The proposed country programme in Bangladesh seeks to increase national technical capacity to implement population policies and programmes. Technical workshops and on-the-job and other training will be conducted to enhance the capacity of national development planners to integrate population variables, including gender concerns, into the process of overall and sectoral planning. In Bhutan, UNFPA support will also focus on training staff in population, environment and development issues to ensure that population concerns are adequately integrated into development plans. Gender training will be given to planning officers of sectoral ministries to ensure that gender concerns are addressed in policy formulation and implementation of development activities. Possible areas of research will be explored in an effort to provide a better understanding of the intricate relationship between population, environment and poverty. Training will also be provided to strengthen the technical and logistical capability of the Central Statistical Organization and data collection systems at the regional and local level.

53. In Jordan, the proposed country programme seeks to enhance the implementation of the national population policy formulated with the assistance of UNFPA under the previous programme by developing an appropriate mechanism for coordinating, monitoring and evaluating implementation efforts. Local training programmes will be conducted on specific population and development, as well as gender, concepts to upgrade the technical skills and knowledge of staff involved in the implementation of the National Population Strategy. UNFPA will help establish a

population information system that will consolidate demographic indicators obtained from such diverse sources as censuses, surveys and vital registration systems.

54. The UNFPA country programme in Ecuador places special emphasis on disadvantaged women, including indigenous women, as well as on adolescents in rural areas. The programme's population and development strategy is to provide technical assistance in the review of the National Population Action Plan in order to make it more responsive to the ongoing process of decentralization of governmental functions, and to train local staff in implementing the information systems needed for programming population and development activities for vulnerable groups. The programme also seeks to promote the effective coordination of activities among local government agencies and NGOs that address women's issues in order to incorporate gender as a cross-cutting and permanent consideration in the planning of basic social services.

55. Global support. At the global level, UNFPA continues to operationalize population and development strategies through active involvement in United Nations and other international conferences, meetings and symposia. UNFPA convened an Expert Group Meeting of the Global Programme of Training in Population and Sustainable Development to establish a framework that would facilitate the translation of ICPD priorities and recommendations into the global training initiative. The meeting underscored the importance of focusing on the interlinkages between population, sustained economic growth and sustainable development, with emphasis on poverty eradication, gender equality, the situation of vulnerable and underserved groups, reproductive health, concerns of adolescents, population mobility, and environmental degradation.

56. In connection with the United Nations General Assembly Special Session on UNCED+5, UNFPA submitted an annual report to the Fifth Session of the Commission on Sustainable Development on progress in the implementation of chapter 5 of Agenda 21 since the 1992 Earth Summit that presented a critical account of both achievements and shortcomings and discussed emerging priorities. UNFPA participated in the XXIIIrd General Population Conference of the International Union for the Scientific Study of Population (IUSSP), preparing, *inter alia*, the sessions on "The UNFPA Experience in Training in Gender, Population and Development" and "Implementation of the ICPD Programme of Action, Three Years After Cairo".

57. UNFPA continues to fund two important projects in the area of population information technology: the United Nations Population Information Network (POPIN) and the Computer Software and Support for Population Activities (POPMAP). POPIN, which has become the most used international population information site on the Internet, continued to strengthen and coordinate population information activities at the international, regional and national levels during 1997. It provided technical assistance to the United Nations Regional Commissions which, in turn, transferred skills to national institutions. Local consultants were identified to establish Internet sites in national population institutions in order to build up technical capacities and expand access to local information sources. By mid-1997, although POPIN continued to host the POPIN World Wide Web site, material

was being contributed by institutions in a number of developing countries, as well as by the UNFPA country offices and CSTs in Asia and Africa.

58. The POPMAP project released upgraded versions of the software with new and enhanced features; conducted training workshops; and provided technical backstopping support for developing POPMAP applications in a number of countries. It also compiled a repository of country geographic data sets for distribution to POPMAP users to facilitate the application of POPMAP in the development process.

59. Two other projects were approved in this area in 1997: Demographics Software for Population Education package, *DemoTables and DemoGraphics*, which will be an important advocacy and educational tool for population and development awareness creation, and the Development of On-line Information Services on Population and Environment Linkages.

III. ADVOCACY

60. Advocacy is essential in galvanizing broad-based political commitment and mobilizing financial support for population and reproductive health activities. It is also indispensable in placing population concerns on development agendas. Since the ICPD, the focus of the Fund's work in advocacy has been on the global priorities that are central to the ICPD Programme of Action. These include, among others, influencing the formation of attitudes and behaviours and establishing policies and programmes that promote choice, access to reproductive health services, gender equity, and environmental stewardship and related patterns of consumption.

61. Advocacy is key to mobilizing national, regional and international resources for promoting and achieving the goals of the ICPD Programme of Action. At the country level, in addition to funding advocacy activities in the context of national programme priorities, UNFPA has supported advocacy activities to enhance visibility and improve public perceptions of ICPD priorities.

62. Advocacy efforts related to reproductive health and rights have aimed at promoting greater male involvement in reproductive health programmes and greater attention to the reproductive health needs of adolescents. They have also sought to influence changes in existing laws and regulations that perpetuate inequalities and inequities, especially those that are gender-based. Advocacy related to population and development strategies has supported, or sought to influence, government efforts to review and revise national policies to bring them in line with the ICPD Programme of Action. It has also solicited the support of policy makers and donors to provide the necessary resources to establish data banks and databases and to improve management information systems. Advocacy related to gender has focused on increasing girls' access to quality basic education and keeping them in school; eliminating discrimination, coercion and harmful practices against women and children; and promoting sociocultural research that gives insights into how best to influence changes in customs and traditions that perpetuate gender inequality in relation to reproductive and sexual health and rights.

63. All UNFPA-supported advocacy programmes emphasize the need to develop partnerships with the media to design appropriate advocacy campaigns, approaches and materials in a variety of forms (public speeches, exhibits, symposia, contests, awards, lobbying, recruiting and working with goodwill ambassadors, study tours, meetings, training, public debates and so on) and to build capacity in this area. The media are important gatekeepers to policy makers and the public alike and thus must be educated, reached and persuaded to be a partner in population advocacy.

64. Country-level implementation. Although advocacy activities account for a relatively small proportion of UNFPA programme resources, they often hold the key to whether a programme succeeds or not. Advocacy activities are usually highly focused and have specific objectives and target audiences. In Viet Nam, for example, the Government organized two two-day national advocacy seminars: one on "Women Empowerment in the Population and Development Programme", the other on "Adolescent Reproductive Health following the Cairo Conference". The purpose of the first was to publicize the empowerment of women and to encourage men to participate in reproductive health programmes; the purpose of the second was to create awareness of the reproductive health situation and needs of adolescents in light of the ICPD and the Beijing conference. The seminars targeted three groups: government and party leaders, to motivate them to formulate plans of action to address these issues; the media, to gain their support as informed advocates for these issues; and the public, to respond favourably to efforts in these areas.

65. Mobilizing such political support and commitment to population issues is an element common to advocacy strategies in many countries. In Jordan, for example, such advocacy was instrumental in the development of the National Population Strategy and in subsequent efforts to update the strategy and expand its scope to accommodate ICPD themes. In Nepal, the IEC Unit of the National Planning Commission played a strong advocacy role in gaining parliamentarians' commitment to ICPD goals. And the countries in the Pacific subregion undertook a series of proactive advocacy activities designed to forge support at the highest levels of government for gender equity and equality and the advancement of women.

66. Most countries take advantage of special events to create awareness of population issues. Cuba, for example, used the celebration of World Population Day to hold numerous workshops, seminars, roundtables and other special gatherings to bring together experts, both public and non-governmental, to reflect on current population and related issues. Activities began some three weeks before the event with a Scientific Workshop on Population, Reproductive Health and the Environment, sponsored by Havana University's Centre for Demographic Studies. The main ceremony, on 11 July, took place at the Instituto Superior Pedagógico Enrique José Varona, a university-level teachers college in Havana, which was followed by a Workshop on Education and Population hosted by the Institute. The events received wide coverage in the press and on television and radio.

67. Radio and television are powerful mediums for advocacy. In Albania, for example, a highly successful weekly 30-minute show on Radio Tirana has been providing young Albanians with accurate information on a range of reproductive health issues. The format of the show intersperses guest speakers, listener call-ins and roundtable discussions with news updates, music and entertainment in a way that is attractive to young people. In Papua New Guinea, a twice-weekly radio programme on gender, adolescent sexuality and related development issues, hosted by the YMCA, has been enthusiastically listened to by young people. The programme focuses on community involvement and includes panel discussions and phone-ins. Gabon has had similar success with a very popular weekly 90-minute radio programme covering such topics as prenatal care, safe delivery/safe motherhood, breastfeeding and infertility. Each week, a "news" section presents recent information on the work of United Nations organizations and important NGOs active in the field of reproductive health. In Malawi, a very successful video entitled "The Voices of Young Mothers" won a prestigious award for best television programme in Africa addressing a gender-related problem. The video depicts the plight of adolescent mothers in Malawi and the uncertain future they face.

68. Some activities target the media itself. In South Africa, for example, the National Population Unit organized two seminars to brief members of the media on the rationale and approaches of the country's proposed population policy. The seminars emphasized that reporting on population issues should focus on the human dimension of such issues and not on statistics. Other advocacy activities target programme staff, such as a two-week advocacy workshop in Namibia. The aim of the workshop was to equip participants to carry out population advocacy in their work. Each participant developed an advocacy plan as well as a strategy to implement it. Four of the participants also attended a complementary subregional course on audience research, message design and materials development for population IEC.

69. Most advocacy activities at the country level, of course, directly support various components of country programmes, often in the form of information and education activities. In India, for example, the Government is reorienting the national population programme in light of the ICPD, placing more emphasis on gender equity and equality and on adolescent sexuality. Two meetings, the first of their kinds, were held with all field-level population education coordinators to sensitize them of this shift and to promote intersectoral coordination and collaboration. These and other meetings guided the formulation of the new generation of population education programmes aimed at school children, adolescents, university students and out-of-school adults. In Ethiopia, UNFPA provided technical and financial assistance to develop a National IEC and Advocacy Strategy. The strategy seeks to link IEC to reproductive health services; reach target audiences directly; use the findings of sociocultural research to influence behavioural change; and ensure quality control and cost-effectiveness of activities. This is being complemented by an assessment of related training curricula, training materials, service guidelines and protocols.

70. Global support. In order to provide practical guidance for country programme activities, UNFPA convened the first Expert Consultation on Operationalizing Advocacy in Support of Population and Development Programmes at the Country Level: Lessons Learned. The consultation

was held 3-5 November at UNFPA headquarters and was attended by representatives from national and international NGOs and bilateral and United Nations agencies, as well as experts, trainers and CST advisers. Among the operational conclusions reached were that UNFPA had to build a culture of advocacy at the Fund; that its country programmes had to help build the capacity of new partners as advocates for the ICPD Programme of Action, in particular for reproductive health and rights and gender equity and empowerment; and that to do so, adequate and regular resources had to be allocated to advocacy activities.

71. One of the highlights of the year was the publication of the *State of World Population* report on the theme of reproductive rights and reproductive health. The report was very well received and formed the basis of a special presentation to the Executive Board at its June session. The report was the focus for special activities at the country-level in support of reproductive health and rights.

72. World Population Day activities in over 100 countries were supported by a brochure, poster and video news release. The message from the Executive Director focused on adolescent reproductive health, and a special publication co-produced with IPPF was introduced at a joint press conference by the Executive Director and the Director-General of IPPF.

73. A special advocacy campaign was launched in Europe, with the aim of building and mobilizing a constituency in support of the right to reproductive health for all, including the many women in developing countries who cannot yet exercise their rights. Two well-known personalities, the actress Linda Gray and the model Waris Dirie, agreed to serve as special ambassadors for the campaign. The campaign will also seek to sensitize the public to the need to eradicate harmful practices such as female genital mutilation, a practice Ms. Dirie passionately and eloquently speaks out against in her capacity as UNFPA Special Ambassador for the Elimination of Female Genital Mutilation. Keiko Kishi, Japanese goodwill ambassador, made two public appearances in Japan during the year and visited the Philippines to produce a video and a television programme with World Television, London.

74. In addition, UNFPA produced a full programme of publications, posters, exhibits, and electronic materials in support of advocacy activities at all levels. A feature attracting growing attention is UNFPA's site on the World Wide Web, which was expanded and completely redesigned in 1997.

IV. WOMEN'S EMPOWERMENT AND GENDER ISSUES

75. Gender concerns are a cross-cutting dimension of all UNFPA-supported programming, as is reflected in UNFPA country programmes and in the many examples of country-level activities in this report. To this end, during 1997, UNFPA emphasized women's issues in all its work, promoting reproductive and sexual health and rights within a human rights framework, adolescent reproductive health, and women's empowerment and gender equity and equality, as well as strengthening the gender perspective in policies and programmes of UNFPA.

76. In collaboration with the Center for Reproductive Law and Policy, UNFPA continued to provide assistance to enhance advocacy efforts for reproductive health and women's rights by working with national-level legal and policy NGOs in 51 countries in Africa, Asia, Europe and the Middle East, to strengthen their capacity to conduct research and to promote policies and codified legislation to enhance reproductive rights and women's empowerment. Regional reports on formal laws and polices in key areas are being prepared, which will provide the basis for advocacy for reproductive health and women's rights.

77. The Fund also continued its collaboration with various international NGOs, such as the Women's Environment and Development Organization (WEDO) and the International Women's Health Coalition (IWHC) to strengthen the network of global, regional and national NGOs to advocate for, and monitor, governmental progress in implementing the agreements and decisions reached at the ICPD and the Fourth World Conference on Women (FWCW). Support was also provided to enable representatives of national NGOs to attend international conferences, such as the Microcredit Summit in Washington, D.C. in February, 1997.

78. Enhancing the involvement of men and male adolescents in reproductive health and family life issues is an important component of UNFPA's gender, population and development strategy. With support provided by the Government of Denmark, UNFPA is working with The Population Council (an international NGO) to examine the social behaviour of adolescent boys with respect to future family roles and relationships and the expectations, attitudes and behaviour of men and their effects on male/female decision-making about sexuality and reproduction. The research is focusing on such areas as sexual relations, fertility regulation, reproductive health, family size, and investment in children.

79. As a follow-up to the Technical Consultation on Female Genital Mutilation (FGM) organized by UNFPA in 1996, the Executive Director issued an information note on the Fund's role in the eradication of FGM, including the programming framework set out in the report of the Technical Consultation. Also, UNFPA conducted a survey on FGM activities at the country level. Preliminary responses from UNFPA country offices indicate that efforts with Governments to eradicate FGM are being implemented in the areas of advocacy and information and counselling. In 1997, a *Joint WHO/UNICEF/UNFPA Statement on Female Genital Mutilation* was issued.

80. With support from the Government of the Netherlands and in collaboration with the Royal Tropical Institute (KIT) and local NGOs in three pilot countries, UNFPA is developing a prototype gender, population and development training manual that can be adapted at the country level to train policy-makers, planners, and community leaders at all levels. The manual has been tested in Egypt, Indonesia and Zimbabwe and will be finalized in early 1998. Also, in an effort to develop indicators for mainstreaming gender issues and to prepare guidelines for monitoring gender mainstreaming, UNFPA is assessing the extent to which gender and women's issues have been integrated into UNFPA-supported programmes and projects in 13 countries.

81. UNFPA continues to collaborate with other United Nations agencies and organizations on projects of mutual interest and is an active participant in various inter-agency fora on diverse gender and development themes and issues. For example, support is being provided to WHO for activities of the Global Commission on Women's Health in the areas of maternal morbidity and mortality, education for the health of girls and women, and violence against women. UNFPA sponsored participation in the UNDP-organized International Conference on Governance for Sustainable Growth and Equity (New York, July 1997), during which a special panel on gender and governance was organized by UNIFEM, UNDP and UNFPA.

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REPORT OF THE EXECUTIVE DIRECTOR FOR 1997: STATISTICAL OVERVIEW

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UNFPA IN 1997:

PROGRAMME AND FINANCIAL HIGHLIGHTS

Pledges and contributions

- Regular income in 1997 (provisional) totalled $290.1 million, a decrease of 6 per cent compared to the 1996 income of $308.8 million.

- Pledges to UNFPA's general resources in 1997 totalled $285.5 million, $17 million less than in 1996, a decrease of 6 per cent. At year's end, cumulative pledges through 1997 totalled about $4 billion from a cumulative total of 171 donors. The number of donors in 1997 totalled 83.

- An additional $29.8 million was provided through multi-bilateral co-financing arrangements.

- Total income in 1997 (provisional) was $319.9 million.

Allocations and expenditures

- Total (provisional) programmable resources for 1997 were $259.0 million, compared to $274.7 million in 1996.

- Project allocations in 1997 totalled $321.9 million, including $69.0 million of unspent allocations from 1996. Project allocations in 1996 totalled $285.4 million, including $109.5 million of unspent allocations from 1995. Project expenditures (provisional) for 1997 totalled $214.4 million compared to $216.5 million in 1996.

- Expenditures (provisional) in 1997 totalled $303.6 million, compared to $300.3 million in 1996. The 1997 figure includes $175.0 million for country programmes, compared to $178.6 million in 1996; $39.4 million for intercountry (regional and interregional) programmes, compared to $37.9 million for 1996.

- Total biennial support budget expenditures for both headquarters and field offices were $58.3 million in 1997 (net of $5.5 million in credits and income), compared to $52.8 million in 1996 (net of $5.3 million in credits and income).

- Field office costs were $29.7 million in 1997 compared to $27.6 million in 1996.

- Technical support services under the successor support cost arrangements approved by the Governing Council in decision 91/37 were $23.5 million. Administrative and operational services (AOS) costs, set by the Governing Council in the same decision at 7.5 per cent of expenditures of country activities, were $7.3 million.

- The project expenditure rate (expenditures divided by allocations) was provisionally 66.6 per cent, compared to 75.8 per cent (final) in 1996. The resource utilization rate (expenditures divided by programmable resources, as approved by the Governing Council in decision 89/46 B) was provisionally 95 per cent in 1997 compared to 90 per cent in 1996.

- For allocations in 1997 by major function, by geographical area, and by country category, see data on pages 6-12.

Country activities

- Allocations to country projects in 1997 totalled $264.2 million, compared to $232.2 million in 1996. This included $65.9 million for new country projects approved in 1997.

- For allocations to country activities by programme area and by category of country and for allocations to country and regional activities, see tables on pages 6-7.

Country categories

- Executive Board decision 96/15 endorsed the procedure for allocating resources according to categorization of countries into groups and approved the relative shares of resources to groups as follows: Group A, 67-69 per cent; Group B, 22-24 per cent; Group C, 5-7 per cent; countries with economies in transition, on a temporary basis, 3-4 per cent; and other countries and territories, 0.5 per cent. (For a list of countries by group, see page 13).

- The breakdown of resources allocated for country programmes and projects in 1997, by group, is as follows: Group A, 62.2 per cent; Group B, 26.8 per cent; Group C, 3.9 per cent; countries with economies in transition, 4.3 per cent; and other countries and territories, 2.8 per cent.

- Total allocations in 1997 to Group A countries amounted to $164.4 million, compared to $109.1 million in expenditures in 1996.

Intercountry activities

- Allocations for intercountry activities (regional and interregional) totalled $57.7 million in 1997, compared to $37.9 million in expenditures in 1996. By category of activity, these allocations were: regional, $21.4 million in 1997, compared to $13.7 million in expenditures in 1996; interregional, $36.3 million in 1997, compared to $24.2 million in expenditures in 1996.

- Intercountry programmes accounted for 17.9 per cent of 1997 total allocations, compared to 17.5 per cent of expenditures in 1996.

Execution of projects

- The number of projects directly executed by Governments in 1997 numbered 774 compared to 940 in 1996, and totalled $87.1 million or 27.0 per cent of 1997 programme allocations, compared to $65.4 million or 30.2 per cent of programme expenditures in 1996.

  For allocations in 1997 by executing agency, see table on page 7.

Programme Review and Strategy Development missions

- In 1997, UNFPA undertook Programme Review and Strategy Development (PRSD) missions to 24 countries - 13 in Africa (Cameroon, Equatorial Guinea, Ethiopia, Gabon, Guinea-Bissau, Mali, Mauritania, Mozambique, Niger, Rwanda, Sao Tome and Principe, South Africa and Swaziland), 2 in Arab States and Europe (Jordan and Yemen), 4 in Asia and the Pacific (Maldives, Papua New Guinea, South Pacific and Thailand), and 5 in Latin America and the Caribbean (Bolivia, Brazil, Colombia, Nicaragua and Paraguay). Total missions (Programme Review and Strategy Development and Basic Needs Assessment missions) conducted from 1977 through 1997 are 263.

Administration and personnel

- In 1997, biennial support budget expenditures (provisional), including both headquarters and field office costs, were $58.3 million (net of $5.5 million in credits and income) or 20.1 per cent of the 1997 total estimated regular resource income of $290.1 million. Comparable administrative expenditures in 1996 were $52.8 million or 17.1 per cent of the 1996 income of $308.8 million.

- As of 1 January 1997, the total number of authorized budget posts numbered 919, comprising 329 Professional (including 141 national programme officers) and 590 General Service staff. These include 105 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 222 Professional and 453 local General Service posts in the field.

- The percentage of women on UNFPA's Professional staff at headquarters and in the field was 46 per cent in 1997, one of the highest percentages among United Nations agencies and organizations. In 1998, the percentage is expected to continue to increase.

- In accordance with a subvention agreement approved by the Governing Council in 1988, UNDP and the United Nations provide UNFPA, on a reimbursable basis, with support for some services, such as, inter alia, administrative, financial and computer services; personnel administration, language training and travel services; security and legal services and certain services associated with the functioning of the Executive Board. In 1997, the reimbursement amounted to $2.6 million to UNDP and $1.2 million to the other United Nations agencies.

UNFPA PROGRAMME IN 1996 AND 1997 AT A GLANCE
(Data for 1996 are expenditures; data for 1997 are allocations[a])

UNFPA ASSISTANCE BY MAJOR FUNCTION

	In thousands of US dollars		Percentage of total programme	
	1996	**1997**	**1996**	**1997**
Reproductive health/family planning	144,589	204,128	66.8	63.4
Population and development strategies	60,606	98,844	28.0	30.7
Advocacy	11,255	18,996	5.2	5.9
Total	216,450	321,969	100.0	100.0
UNFPA ASSISTANCE BY GEOGRAPHICAL REGION				
Africa (Sub-Saharan)	65,724	119,272	30.4	37.0
Arab States and Europe	26,016	38,044	12.0	11.8
Asia and the Pacific	74,452	92,142	34.4	28.6
Latin America and the Caribbean	26,103	36,182	12.1	11.2
Interregional and Global	24,156	36,328	11.1	11.3
Total	216,450	321,969	100.0	100.0
UNFPA ASSISTANCE BY COUNTRY/INTERCOUNTRY CATEGORY				
Country	178,636	264,246	82.5	82.1
Intercountry	37,813	57,722	17.5	17.9
Total	216,450	321,969	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.
[a]Expenditure data for 1997 are not available until after the due date for submission of this document.

UNFPA PROGRAMME IN 1996 AND 1997 AT A GLANCE (CONT'D)

COUNTRY ACTIVITIES BY GROUP

	In thousands of US dollars		Percentage of total programme	
	1996	**1997**	**1996**	**1997**
A	109,106	164,351	61.2	62.2
B	51,188	70,752	28.7	26.8
C	8,059	10,368	4.5	3.9
Economies in transition	6,687	11,485	3.8	4.3
Other countries	3,598	7,290	1.8	2.8
Total	178,636	264,246	100.0	100.0
UNFPA ASSISTANCE BY EXECUTING AGENCY				
Government-executed projects	65,409	87,080	30.2	27.0
United Nations	6,217	7,289	2.9	2.3
Regional Commissions	2,503	3,074	1.2	1.0
FAO	1,116	1,448	0.5	0.4
ILO	3,129	3,653	1.4	1.1
UNESCO	3,922	5,549	1.8	1.7
UNICEF	188	104	0.1	0.0
UNIDO	115	77	0.1	0.0
UNIFEM	0	160	0.0	0.1
UNFPA[b]	91,098	151,686	42.1	47.1
Non-governmental organizations	32,734	49,001	15.1	15.2
UNDP (OPS)	19	275	0.0	0.1
UNRWA	0	133	0.0	0.0
WHO	10,003	12,438	4.6	3.9
Total	216,450	321,968	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.
[b]Includes assistance to procurement for government projects as follows: $31.5 million in 1996 and $42.8 million in 1997.

UNFPA EXPENDITURES (1996) AND ALLOCATIONS (1997), BY REGION

AFRICA (SUB-SAHARAN)

	In thousands of US dollars		Percentage of total programme	
	1996	**1997**	**1996**	**1997**
By major section				
Reproductive health/family planning	41,538	70,789	63.2	59.4
Population and development strategies	20,966	42,728	31.9	35.8
Advocacy	3,220	5,755	4.9	4.8
Total	65,724	119,272	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	54,893	100,084	89.4	90.2
B	5,969	10,234	9.7	9.2
C	283	334	0.5	0.3
Other countries	274	280	0.4	0.3
Total country activities	61,419	110,932	100.0	100.0
Country activities	61,419	110,932	93.4	93.0
Regional activities	4,305	8,340	6.6	7.0
TOTAL REGION	65,724	119,272	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

UNFPA EXPENDITURES (1996) AND ALLOCATIONS (1997), BY REGION (CONT'D)

ARAB STATES AND EUROPE

	In thousands of US dollars		Percentage of total programme	
	1996	**1997**	**1996**	**1997**
By major section				
Reproductive health/family planning	16,026	26,403	61.6	69.4
Population and development strategies	8,507	10,234	32.7	26.9
Advocacy	1,483	1,407	5.7	3.7
Total	26,016	38,044	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	9,213	12,161	38.3	35.6
B	11,584	13,696	48.2	40.1
Economies in transition	2,501	6,017	10.4	17.6
Other countries	755	2,277	3.1	6.7
Total country activities	24,053	34,151	100.0	100.0
Country activities	24,053	34,151	92.5	89.8
Regional activities	1,962	3,892	7.5	10.2
TOTAL REGION	26,016	38,044	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

UNFPA EXPENDITURES (1996) AND ALLOCATIONS (1997), BY REGION (CONT'D)

ASIA AND THE PACIFIC

	In thousands of US dollars		Percentage of total programme	
	1996	**1997**	**1996**	**1997**
By major section				
Reproductive health/family planning	58,891	63,670	79.1	69.1
Population and development strategies	13,029	23,128	17.5	25.1
Advocacy	2,531	5,344	3.4	5.8
Total	74,452	92,142	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	40,792	46,174	58.2	53.2
B	18,803	24,982	26.8	28.8
C	4,685	7,190	6.7	8.3
Economies in transition	4,186	5,468	5.9	6.3
Other countries	1,666	2,910	2.4	3.5
Total country activities	70,132	86,725	100.0	100.0
Country activities	70,132	86,725	94.2	94.1
Regional activities	4,320	5,417	5.8	5.9
TOTAL REGION	74,452	92,142	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

UNFPA EXPENDITURES (1996) AND ALLOCATIONS (1997), BY REGION (CONT'D)

LATIN AMERICA AND THE CARIBBEAN

	In thousands of US dollars		Percentage of total programme	
	1996	**1997**	**1996**	**1997**
By major section				
Reproductive health/family planning	16,575	23,844	63.5	65.9
Population and development strategies	7,674	9,190	29.4	25.4
Advocacy	1,853	3,148	7.1	8.7
Total	26,103	36,182	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	4,208	5,933	18.3	18.3
B	14,831	21,839	64.4	67.3
C	3,091	2,844	13.4	8.8
Other countries	902	1,822	3.9	5.6
Total country activities	23,032	32,438	100.0	100.0
Country activities	23,032	32,438	88.2	89.7
Regional activities	3,071	3,743	11.8	10.3
TOTAL REGION	26,103	36,182	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

UNFPA EXPENDITURES, 1996 AND 1997, BY REGION (CONT'D)

INTERREGIONAL AND GLOBAL

	In thousands of US dollars		Percentage of total programme	
	1996	**1997**	**1996**	**1997**
By major section				
Reproductive health/family planning	11,764	16,456	48.7	45.3
Population and development strategies	10,242	16,675	42.4	45.9
Advocacy	2,150	3,197	8.9	8.8
Total	24,156	36,328	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

ALLOCATION OF UNFPA COUNTRY PROGRAMME RESOURCES

I. A, B, C Groups of countries and territories as defined in DP/FPA/1996/15

Group A (60 Countries)

Africa

1 Angola
2 Benin
3 Burkina Faso
4 Burundi
5 Cameroon
6 Cape Verde
7 Central African Rep
8 Chad
9 Comoros
10 Congo
11 Cote d'Ivoire
12 Dem. Rep. of the Congo
13 Equatorial Guinea
14 Eritrea
15 Ethiopia
16 Gambia
17 Ghana
18 Guinea
19 Guinea-Bissau
20 Kenya
21 Lesotho
22 Liberia
23 Madagascar
24 Malawi
25 Mali
26 Mauritania
27 Mozambique
28 Niger
29 Nigeria
30 Rwanda
31 Sao Tome & Principe
32 Senegal
33 Sierra Leone
34 Tanzania, U. Rep. of
35 Togo
36 Uganda
37 Zambia

Latin America & Caribbean

1 Haiti
2 Nicaragua

Asia & Pacific

1 Afghanistan
2 Bangladesh
3 Bhutan
4 Cambodia
5 India
6 Kiribati
7 Lao People's Dem. Rep.
8 Maldives
9 Mongolia
10 Myanmar
11 Nepal
12 Pakistan
13 Samoa (Western)
14 Solomon Islands
15 Tuvalu
16 Vanuatu

Arab States

1 Djibouti
2 Egypt
3 Somalia
4 Sudan
5 Yemen

Group B (39 Countries)

Africa

1 Botswana
2 Gabon
3 Namibia
4 South Africa
5 Swaziland
6 Zimbabwe

Arab States

1 Algeria
2 Iraq
3 Jordan
4 Lebanon
5 Morocco
6 Syrian Arab Rep.
7 Tunisia
8 Turkey

Latin America & Caribbean

1 Belize
2 Bolivia
3 Brazil
4 Colombia
5 Dominican Rep
6 Ecuador
7 El Salvador
8 Guatemala
9 Guyana
10 Honduras
11 Jamaica
12 Mexico
13 Paraguay
14 Peru
15 Saint Lucia
16 Saint Vincent
17 Trinidad & Tobago
18 Venezuela

Asia & Pacific

1 Indonesia
2 Iran, Islamic Rep of
3 Malaysia
4 Fed. States of Micronesia
5 Papua New Guinea
6 Philippines
7 Viet Nam

Group C (12 Countries)

Africa

1 Mauritius

Latin America & Caribbean

1 Chile
2 Costa Rica
3 Cuba
4 Panama
5 Suriname
6 Uruguay

Asia and Pacific

1 China
2 Fiji
3 Korea, Dem. Rep. of
4 Sri Lanka
5 Thailand

II. Countries with economies in transition and others as included in DP/FPA/1996/15

Countries with Economies in Transition

1 Albania
2 Armenia
3 Azerbaijan
4 Belarus
5 Bosnia-H.
6 Bulgaria
7 Croatia
8 Czech Rep.
9 Estonia
10 Georgia
11 Hungary
12 Kazakhstan
13 Kyrgyzstan
14 Latvia
15 Lithuania
16 Macedonia
17 Moldova, Rep. of
18 Poland
19 Romania
20 Russian Fed.
21 Slovakia
22 Slovenia
23 Tajikistan
24 Turkmenistan
25 Ukraine
26 Uzbekistan
27 Yugoslavia

Other Countries and Territories

AFRICA

1 Seychelles
2 Saint Helena

ASIA AND PACIFIC

1 Brunei Darussalam
2 Cook Islands
3 Marshall Islands
4 Nauru
5 Niue
6 Republic of Korea
7 Singapore
8 Territory of Hong Kong
9 Tokelau
10 Tonga
11 Palau

ARAB STATES

1 Bahrain
2 Occupied Palestinian Territories
3 Kuwait
4 Libyan Arab Jamahiriya
5 Oman
6 Qatar
7 Saudi Arabia
8 United Arab Emirates

LATIN AMERICA AND CARIBBEAN

1 Anguilla
2 Antigua & Barbados
3 Argentina
4 Aruba
5 Bahamas
6 Barbados
7 Bermuda
8 British Virgin Islands
9 Cayman Islands
10 Dominica
11 Grenada
12 Montserrat
13 Netherlands Antilles
14 Saint Kitts and Nevis
15 Turks and Caicos Islands

EUROPE

1 Cyprus
2 Malta

Note: As contained in Executive Board decision 96/15, the distribution of resources to these groups of countries will be as follows: 67-69 per cent to Group A, 22-24 per cent to Group B, 5-7 per cent to Group C and 3-4 per cent to countries with economies in transition, on a temporary basis, and 0.5 per cent to other countries.

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REPORT OF THE EXECUTIVE DIRECTOR FOR 1997: PROGRAMME EFFECTIVENESS

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I. STRENGTHENING PROGRAMME EFFECTIVENESS

1. Strengthening programme effectiveness encompasses many components. It involves providing clear and pragmatic policy and programme guidance; decentralizing programme-approval and decision-making authority to the country level with adequate support from headquarters and the regional level; developing effective country programmes and subprogrammes; strengthening monitoring and evaluation of programmes; and matching staff training with the skills and competencies needed to meet organizational goals and priorities. Furthermore, it involves building national capacity to absorb financial assistance and to implement and monitor programme activities. In order to maximize UNFPA's own efforts to strengthen programme effectiveness, it is necessary to enhance coordination and collaboration with other development partners, including NGOs and groups in civil society.

A. Decentralization

2. UNFPA has made significant progress in decentralizing decision-making authority, along with providing the necessary programming tools and technical advisory services, to its country offices to strengthen the management and delivery of country programmes. This has been done in a phased manner. Management and organizational structures have been reconstituted to provide better technical guidance and policy direction to country offices; policies and procedures have been revised to improve programme formulation and implementation; and greater emphasis has been placed on developing the necessary monitoring and evaluation tools to ensure effective programme delivery and to measure impact and ensure accountability at all levels. Additionally, UNFPA is reviewing its financial procedures and mechanisms to ensure that management and monitoring requirements are met under full decentralization; it has also been upgrading its information networks to improve the exchange of information. The process has been supported by various training activities for headquarters, field and CST staff, with priority accorded to orientation on new guidelines and to training in the application of logical framework techniques and financial processes.

B. National capacity-building

3. UNFPA took an important step forward in 1997 in its efforts to help build national capacity in programme countries with the publication of new Programme Guidelines, which were issued in November as part of a revised Policies and Procedures Manual. The new Manual provides instructions and support to help headquarters and field staff translate the Fund's responsibilities under the ICPD Programme of Action into concrete actions. In listing its priority objectives, the new Programme Guidelines state at the outset that the detailed guidelines "underscore the importance of building national capacity in programme countries to enable them to achieve the goals and objectives recommended in the ICPD Programme of Action". With the publication and use of the new

guidelines, the programming process itself has been streamlined in a way that reflects the Fund's commitment to utilizing and building national capacity to design and manage population programmes.

4. The Fund has also incorporated an assessment of national requirements for capacity building into its main programming exercise, the Country Population Assessment (formerly the Programme Review and Strategy Development exercise). Such an assessment involves a concerted effort, in consultation with national counterparts and other development partners, to identify the key inputs required for national capacity-building and sustainable programme support. Whereas in the past the focus of UNFPA assistance had been on strengthening technical and institutional capacities, the Fund is now focusing more on developing the skills and competencies needed to formulate, manage, monitor and evaluate programmes. The Fund's Country Support Teams are essential in such efforts. They have been instrumental in mobilizing national expertise, where available, as well as transferring knowledge and skills to national counterparts and promoting self-reliance at the country level. Since one of the primary tasks of the CSTs is to help build national capacity in the countries they assist, the CSTs provide technical backstopping only if national expertise is not available.

5. During the course of 1997, UNFPA also supported two significant studies that will help the Fund's work in building national capacity in years to come. The first of these was a year-long evaluation that resulted in a report, "An Assessment of Execution Modalities for UNFPA-Support Programmes", published in November. The report is intended to provide guidance for the selection of executing agencies with a view to improving programme performance; its ultimate aim is to help the Fund increase the execution of UNFPA-assisted programmes by national institutions, both governmental and non-governmental, in programme countries. One of the major recommendations of the report was that this should be achieved in a flexible manner. For example, a Government could be the overall executing agency for an activity, but some functions, such as procurement or provision of international experts, could still be implemented by UNFPA or an international NGO.

6. A second important study was "Absorptive Capacity and Financial Resource Utilization in Population Programmes", which was conducted for the Fund by the Danish consulting firm COWI in response to an Executive Board decision asking for such a study with the aim of presenting concrete recommendations on how absorptive capacity could be increased, particularly in African countries. COWI conducted case studies in five programme countries -- Benin, Ghana, Mozambique, Zambia and Nepal -- and presented a list of 12 recommendations for UNFPA action. These recommendations serve as the basis for a report that UNFPA is submitting to the Executive Board at its annual session 1998 (document DP/FPA/1998/4).

C. Monitoring and evaluation

7. The year 1997 saw a remarkable intensification of evaluation activities at both country and intercountry levels. Resources allocated for evaluations tripled from 1996 to 1997. This was due principally to the fact that many programmes ended in 1996 and 1997 and component projects were evaluated as part of the review and assessment process prior to new programme development. (The Fund's evaluation activities are dealt with in more depth in document DP/FPA/1998/6, also being submitted to the Board at its annual session.)

8. Two thematic evaluations were initiated in 1997. The first is examining the strategies and modalities adopted by UNFPA to integrate HIV/AIDS concerns into reproductive health and other related projects and programmes at the country level. It is being conducted in full consultation with UNAIDS at both the headquarters and field levels. The second evaluation, based on a sample of eight projects, is assessing the relevance, efficiency, effectiveness and, to the extent possible, impact of UNFPA-supported strategies to reduce maternal mortality within the context of Safe Motherhood programmes. In 1997, the conceptual and analytical frameworks for the two evaluations were completed and field work and field missions were begun. Both evaluations are expected to be concluded by mid-1998.

9. A major achievement in 1997 was the revision of the UNFPA monitoring and evaluation guidelines, which was carried out within the context of the preparation of the UNFPA Programme Manual. The guidelines highlight a more holistic approach to programming and emphasize the analysis of inputs rather than the process of delivering such inputs. In addition, to underscore the importance of continuous, systematic monitoring, the topics of monitoring and evaluation are accorded separate sections in the manual.

10. The major new feature in the monitoring guidelines is the annual subprogramme review. This ensures that all component projects in each subprogramme are reviewed together so that due attention is paid to fostering linkages and complementarity among them. The annual project report has been revised. It calls for a streamlined tabular presentation of the delivery of inputs and requests information not only on the general implementation of the project work plan but also specifically on national capacity-building, technical backstopping, execution modalities, gender concerns, and South-South cooperation. A mid-term review is held in each programme cycle to examine the status of implementation and its continued relevance to the national context.

11. An important new feature of the revised guidelines is that evaluations are required at the end of each programme period to ensure that there is a systematic assessment of programme performance and achievements, together with a synthesis of lessons learned for future application. The guidelines underscore the logical framework analysis as the cornerstone of the UNFPA monitoring and

evaluation system, since it provides the frame of reference for all subsequent monitoring and evaluation activities. The logframe matrix outlines the baseline data to be established and the nature and source of monitoring data to be generated in the programme implementation process.

12. During the year, UNFPA participated in inter-agency and United Nations exercises related to evaluation, including a Joint Consultative Group on Policy (JCGP) workshop that took place in early 1997. The Fund also provided inputs to the development of terms of reference for a United Nations system-wide evaluation exercise examining the impact of operational activities on national capacity-building. UNFPA also collaborated in a desk study conducted by the Canadian International Development Agency (CIDA) on UNFPA support of national capacity-building in the area of reproductive health.

D. Training

13. The UNFPA staff training programme for 1997 was designed taking into consideration the recommendations of an independent evaluation, conducted in 1996, of the Fund's efforts in this area. This was accompanied by internal reviews of existing training curricula to match the upgrading of specific skills and competencies to meet organizational priorities, with priority being given to the training needs of field staff. As a result, the Fund developed a new training programme for newly recruited UNFPA Representatives, as well as a curriculum to build staff skills in applying the logical framework in the programming process and a training- of-trainers curriculum for cascade training on the logical framework. UNFPA saved on training costs by organizing a series of regional workshops on the logical framework for field staff and CST advisers and by providing training at the regional level on financial monitoring and management of country programmes.

14. During 1997, the Fund again participated in inter-agency training activities. Several UNFPA staff members attended workshops on field coordination, conducted by the United Nations Staff College in Turin, Italy. In addition, selected staff members served as facilitators for operationalizing the United Nations Development Assistance Framework (UNDAF), helping with training exercises in field offices in pilot countries.

15. UNFPA conducted training workshops to introduce new programme guidelines and revised financial procedures, in line with increasing decentralization, and began work on developing other training methodologies such as computer-based training on finance management, including on the UNFPA Integrated Field Office System (UNIFOS), and distance-learning on management skills. The Fund also began an internal evaluation of the logical framework training that was conducted in 1997.

16. The computer and electronic infrastructure that has been established within UNFPA allows for faster information flows on training offerings at regional institutions, as well as on training aids and training packages and materials. The Fund has also reinforced the role of managers and supervisors in providing on-the-job training and coaching, within the context of the UNFPA Performance Appraisal Review (PAR) process. Managers and supervisors will thus be increasingly responsible for fostering a learning environment, providing constant mentoring and assessing the impact of training on job performance. To facilitate this process, a portion of the field training budget was decentralized to country offices in 1997, and UNFPA Representatives were given the authority to approve and authorize funds for training activities that could be conducted locally. The Representatives were also authorized to organize exchanges of staff among field offices to promote capacity-building.

17. To ensure a closer linkage between personnel and training functions, the Training Branch has been transferred to the newly established Office of Personnel and Training.

E. Contraceptive requirements and logistics management needs

18. The regular and predictable supply and availability of a range of safe, reliable and affordable contraceptives are keystones of effective reproductive health programmes. Accurate estimates of contraceptive requirements and an efficient logistics management system are necessary to facilitate the ready availability of contraceptive commodities. To strengthen national capacity to forecast contraceptive needs and manage contraceptive supply and distribution, UNFPA launched the Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries. The first round of in-depth studies took place during 1992-1994. Additional studies have been undertaken in subsequent years. In 1997, in-depth studies on contraceptive requirements and logistics management needs were carried out in Ethiopia and Burkina Faso. Follow-up studies were also carried out in Bangladesh and Nepal, and technical support was provided to studies undertaken in Sudan and Tunisia.

19. The impact of the Global Initiative has been clearly visible in the attention that countries are now giving to contraceptive forecasting and logistics management. These key areas have been highlighted in several of the recently approved country programmes supported by the Fund.

20. To help build national capacity in logistics management, the Global Initiative organized four Logistics Management Training Strategy Workshops in 1997, in collaboration with the CSTs. The workshops were held in May, in Harare, with participants from Malawi, Namibia, the United Republic of Tanzania, Zambia and Zimbabwe; in July, in Dakar, with participants from Benin, Burkina Faso, Cote d'Ivoire, Guinea and Senegal; in November, in Bangkok, with participants from

Bangladesh, Cambodia, the Lao People's Democratic Republic, Myanmar and Pakistan; and in December, in Amman, with participants from Algeria, Iraq, Jordan, Lebanon, Morocco, the Syrian Arab Republic and Yemen. A key aspect of the workshops was the development and drafting, by each participating two-person country team, of a strategy to build logistics-management capacity, to be taken back to the respective country for finalization and eventual implementation with coordinated inputs from the Government and donors. A workshop originally scheduled to take place in Santiago, Chile, in 1997 was rescheduled for 1998. Additional workshops are planned in 1998 to train participants from other countries in Africa and Eastern Europe.

21. The Global Initiative has benefited from close collaboration and cooperation with developing and donor countries, the World Bank, and international NGOs such as The Rockefeller Foundation, The Population Council, IPPF and the Program for Appropriate Technology in Health (PATH).

22. Recognizing the key importance of donor coordination in facilitating the timely and appropriate supply of reproductive health commodities, including contraceptives for STD/AIDS prevention, the Global Initiative maintains a database on donor-supplied contraceptive commodities. The database has recently been expanded to include data on donor support for logistics management capacity-building in recipient countries. Both commodities and logistics support data and information are reported annually by the Global Initiative in the UNFPA publication *Donor Support for Contraceptive Commodities*.

23. In an effort to strengthen the contribution of the private sector in the delivery of quality contraceptive commodities, as called for in chapter 15 of the ICPD Programme of Action, the Global Initiative, under the guidance of its Working Group, organized a consultative meeting of oral contraceptive manufacturers, government representatives and members of the development community to explore the role of the private sector in providing affordable, commercially priced contraceptives and reproductive health commodities in developing countries. The meeting, which took place in July in New York, concluded, *inter alia*, that the private sector should play an expanded role in this area, and that much could be accomplished by means of negotiated agreements among the three interested parties: developing country governments, donors, and manufacturers. Concluding that UNFPA could play an important role in facilitating such agreements, the meeting recommended that the Fund organize market-segmentation studies in selected countries. It was further agreed that, with the support of The Rockefeller Foundation, a follow-up meeting would be organized in September 1998 in Bellagio, Italy. In the meantime, the Global Initiative is working with the principal players in identifying likely candidate countries where collaborative activities may be undertaken.

24. The Global Contraceptive Commodity Programme (GCCP), established in response to decision 96/3 of the Executive Board, became operational in 1997. The immediate objective of the

GCCP is to provide essential buffer stocks of contraceptives to facilitate prompt response to urgent and emergency requests for contraceptives from developing countries. The need to arrange contraceptive stock holdings resulted from the often lengthy lead times for commonly requested contraceptive products for the international public sector. The ready availability of stocks is necessary to avert potential disruptions of national reproductive health programmes. The long-term objective of the GCCP is to contribute, in close cooperation with the Global Initiative, to the overall strengthening of reproductive health programmes by improving mechanisms and modalities for addressing unmet needs for contraceptives; increasing contraceptive choice; and ensuring quality in meeting the contraceptive needs of men and women, through such inputs as technical training and technical advisory services, and by improving management information systems, warehousing, stock-keeping and transportation.

25. The initial contribution of UNFPA to the GCCP in the amount of $5 million was supplemented in 1997 through a contribution from the Department for International Development (DFID) of the United Kingdom, in the amount of £1 million. The GCCP, which is managed as a trust fund, operates as a revolving fund from which UNFPA projects are able to purchase inventories of required contraceptives in order to meet the emergency or urgent needs of developing countries. It responded during 1997 to emergency or urgent requests for contraceptives from Albania, Armenia, Bolivia, Bulgaria, the Republic of the Congo, the Democratic People's Republic of Korea, Eritrea, Georgia, Jordan, Moldova, Myanmar, Oman, Rwanda, Sri Lanka, the Turks and Caicos Islands, Turkmenistan, Turkey and Zambia. The contraceptive commodities provided by the GCCP during 1997 included condoms, oral contraceptives, intra-uterine devices (IUDs), vaginal foaming tablets and injectables. Guidelines, policies and procedures governing the operation of the GCCP revolving fund were widely disseminated in February 1998 to all UNFPA staff at headquarters and in the field.

F. Partnerships with non-governmental organizations and civil society

26. A key element in strengthening programme implementation and delivery is making effective use of NGOs and other groups in civil society. Recognizing that NGOs have extensive outreach, associations and networks, particularly at the grass-roots level, the Fund continued to expand and enhance its partnerships with NGOs in 1997.

27. For example, in January, UNFPA and the Center for Development and Population Activities (CEDPA) organized the African Youth Forum at the United Nations Economic Commission for Africa, in Addis Ababa, Ethiopia. Attended by approximately 500 participants, including about 200 young people under the age of 25, the Forum drew up a comprehensive set of recommendations that are also relevant to other regions of the world and have wide applicability for programme design and implementation. In June, UNFPA and the Government of Denmark, with the cooperation of the WHO Regional Office for Europe, organized a landmark meeting on youth and reproductive health

in countries in transition, bringing together representatives of NGOs and relevant government departments from the countries of Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States.

28. One indication of the Fund's wide-ranging collaboration with NGOs is the fact that NGOs are implementing UNFPA-supported HIV/AIDS-prevention programmes in some 80 countries. The depth of such collaboration is also increasing, as is reflected in UNFPA country programmes as well as in the many examples cited in parts I and II of this report.

29. In Mongolia, as a means of increasing outreach, the Government now promotes cooperation with NGOs, particularly in reproductive health advocacy and IEC activities. A novel feature of the second cycle of UNFPA assistance to the country is the use of international NGOs to execute reproductive health projects. In the Russian Federation, UNFPA is supporting a programme to strengthen the capacity of a Russian NGO, the Women's Innovative Fund East-West (ZHIF), to promote women's human, political, economic and reproductive rights, as well as to develop a network to promote these rights. Similarly, in Egypt, strengthening NGO capabilities is an important component of the Fund's programme of assistance.

30. In Turkey, UNFPA is supporting an NGO-led advocacy campaign on reproductive health targeting parliamentarians. Under the new partnerships created between the Government and NGOs, a network of five NGOs has begun providing community-based reproductive health services to complement services provided by government clinics. In Jordan, under the Fund's fourth cycle of assistance, national NGOs were successfully mobilized to raise awareness and inform and educate the public about population issues and their impact on the quality of life. The focus was on reproductive health, including family planning and sexual health, and gender issues. These activities targeted women, men and youth. The intensive IEC efforts of the NGOs have had a significant impact on carving out a key role and niche for these NGOs in supporting the national reproductive health programme.

31. In Malawi, UNFPA intensified its efforts in 1997 to involve NGOs, the media and members of civil society in the implementation of population activities both in the context of the country programme and during such events as the celebrations of World Population Day, World AIDS Day, and the release of UNFPA's State of World Population report. The National Association of Business Women and Banja La Mtsogolo, two key local NGOs, are implementing projects under the Fund's new programme of assistance. In Guatemala, under the UNFPA-supported project on population education, NGOs and civil society groups have been actively involved in the policy process to design and approve curricula for elementary and high schools. Also, reproductive health services are being provided by women's NGOs, under a UNFPA-supported project.

II. ICPD+5

32. Following Executive Board decision 97/14, UNFPA initiated preparatory activities for the review and appraisal of the implementation of the Programme of Action of the ICPD, within the mandate of the Fund. Also, in accordance with decision 97/14, the proposal for an overall review and appraisal was submitted by the President of the Executive Board to the fifty-second session of the General Assembly, through the Economic and Social Council, for the consideration of the General Assembly and subsequent decision on the process and modalities.

33. At the fifty-second session, by resolution 52/188, the General Assembly decided to, *inter alia*, convene a Special Session of the General Assembly from 30 June to 2 July 1999 for an overall review and appraisal of the implementation of the Programme of Action of the ICPD and to constitute the thirty-second session of the Commission on Population and Development as the preparatory committee for the Special Session. It was further decided that the comprehensive report of the Secretary-General should also contain an overall assessment of the progress achieved and constraints faced in the implementation of the Programme of Action, as well as recommendations for the future, and that at the fifty-third session of the General Assembly, the Secretary-General would submit a progress report on the preparations for the Special Session.

34. UNFPA will organize a series of roundtables and technical meetings between April and November 1998. These informal meetings will review programme experience at national and international levels. Participants will include selected programme implementors, including NGOs, and national and international experts. All United Nations Regional Commissions are planning to review progress achieved in implementing the ICPD Programme of Action and, to this end, ministerial and technical meetings have been scheduled for each region. An International Forum, to be attended by more than 120 countries, is planned in February 1999, in the Netherlands, with participation from governments, civil society, including NGOs, and other international organizations working in population and development. Support from private foundations, bilateral donors and national governments is being sought to facilitate these activities, including the International Forum.

35. Inclusive and active participation by all entities of the United Nations system is encouraged in all of the preparatory activities leading to the General Assembly Special Session on ICPD+5. To that end, UNFPA has held consultations with the Population Division, Department of Economic and Social Affairs. Information is being shared formally within the Administrative Committee on Coordination (ACC) and more informally through regular inter-agency briefings convened by UNFPA. Similarly, information has also been shared with NGOs through briefings and other communications. Regular updates of information on the preparations for events associated with ICPD+5 can be found on the Internet at the Fund's website (<www.unfpa.org/icpd>).

36. Documentation for the International Forum will be provided by the quinquennial review, as well as through a synthesis of the findings and results of the roundtables, technical meetings and regional meetings, with an emphasis on analysis of operational experience in implementing the Programme of Action at the country level. The four roundtables planned in 1998 are: (a) adolescent sexual and reproductive health (April, New York); (b) reproductive rights and implementation of reproductive health programmes, including women's empowerment, male involvement and human rights (Kampala, Uganda, June); (c) partnership with civil society in implementation of the ICPD Programme of Action (Dhaka, Bangladesh, July); and (d) population and macro-economic linkages (Bellagio, Italy, November). The three technical meetings planned in 1998 are: (a) a technical symposium on international migration and development (The Hague, Netherlands, 29 June-3 July); (b) a technical meeting on reproductive health services in crisis situations (September, venue to be confirmed); and (c) a technical meeting on population ageing (October, venue to be confirmed).

III. RESOURCES

37. Income in 1997 (provisional) totalled $319.9 million: $290.1 million for general resources and $29.8 million for multi-bilateral co-financing activities. This represented a 6 per cent decrease in general resources from the previous year and a 63 per cent increase in resources to multi-bilateral co-financing activities. Approximately 95 per cent of these resources were contributed by Japan, the Netherlands, Denmark, Norway, the United States, Germany, the United Kingdom, Sweden, Finland, Switzerland and Canada.

38. In 1997, a large number of major donors increased their contributions in terms of their national currencies, but unfavourable exchange rates resulted in a decrease in terms of the United States dollar. The resulting loss amounted to $13 million, which in turn translated into an overall decrease in total income by $7.1 million compared to the 1996 total income level of $326.9 million.

39. However, it is important to note that UNFPA's income over the last five years has increased by 32 per cent for general resources and by 75 per cent for multi-bilateral co-financing arrangements. The overall positive trend has been in direct response to the ICPD Programme of Action.

40. The general outlook for UNFPA's income in 1998 is positive. Even though some major donors did not increase their financial support for population, the following factors are expected to give impetus to resource mobilization efforts: (a) the focus of the world community in meeting the challenges of the ICPD Programme of Action remains strong; and (b) the fact that the Fund is well positioned to execute an expanded programme of assistance in response to the increasing demands from developing countries for population assistance.

41. Moreover, the response of the private sector for supporting population activities is very encouraging. In particular, there are expectations of support from UNITRUST, a foundation established by Mr. Ted Turner for the benefit of United Nations development efforts, including population. The strong leadership of the Executive Board in the area of resource mobilization is also very promising. It is hoped that the Board will soon make recommendations on the ways and means for establishing a reliable funding mechanism for providing a predictable, adequate and secure resource base for UNFPA. This is absolutely necessary in achieving the far-reaching goals agreed to in the ICPD Programme of Action.

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